

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/426548

FILING DATE

10-22-99

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	5		1		1	
TOTAL DEP.	3		2		2	
TOTAL CLAIMS	8		3		3	

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TOTAL IND.		1				
TOTAL DEP.		2				
TOTAL CLAIMS		3				